

ANEURISMA CAVERNOSO

Mujer de 53 años que ingresa por presentar cefalea con diplopia de 72 horas de evolución tras el hallazgo de aneurisma cerebral no roto en estudio de RNM.

EXPLORACIÓN FÍSICA:

Parálisis de VI pc izquierdo con imposibilidad para la abducción y III par craneal ipsilateral parcialmente con ptosis leve y limitación parcial al resto de posiciones extremas de la mirada.

Diplopia.

Resto de exploración neurológica sin alteraciones

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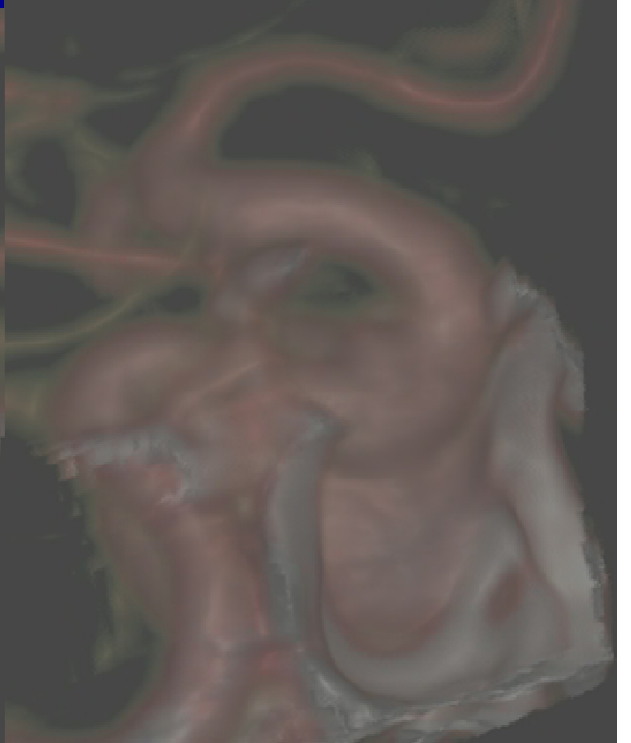
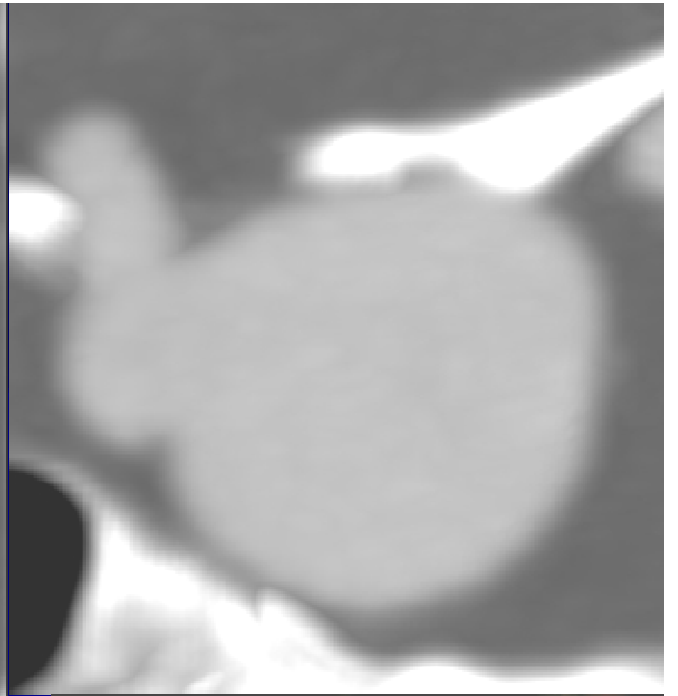
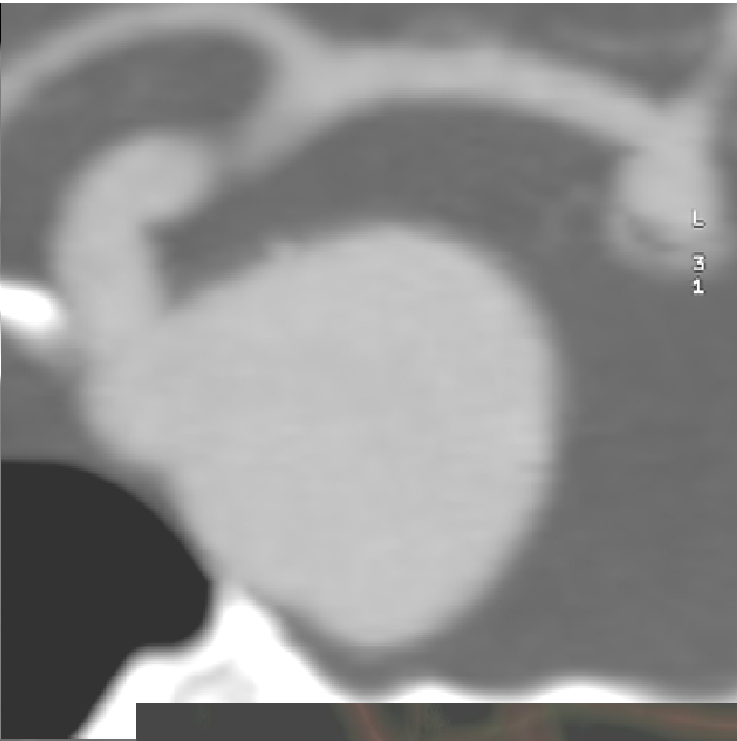
Angio Tc –Arteriografía cerebral

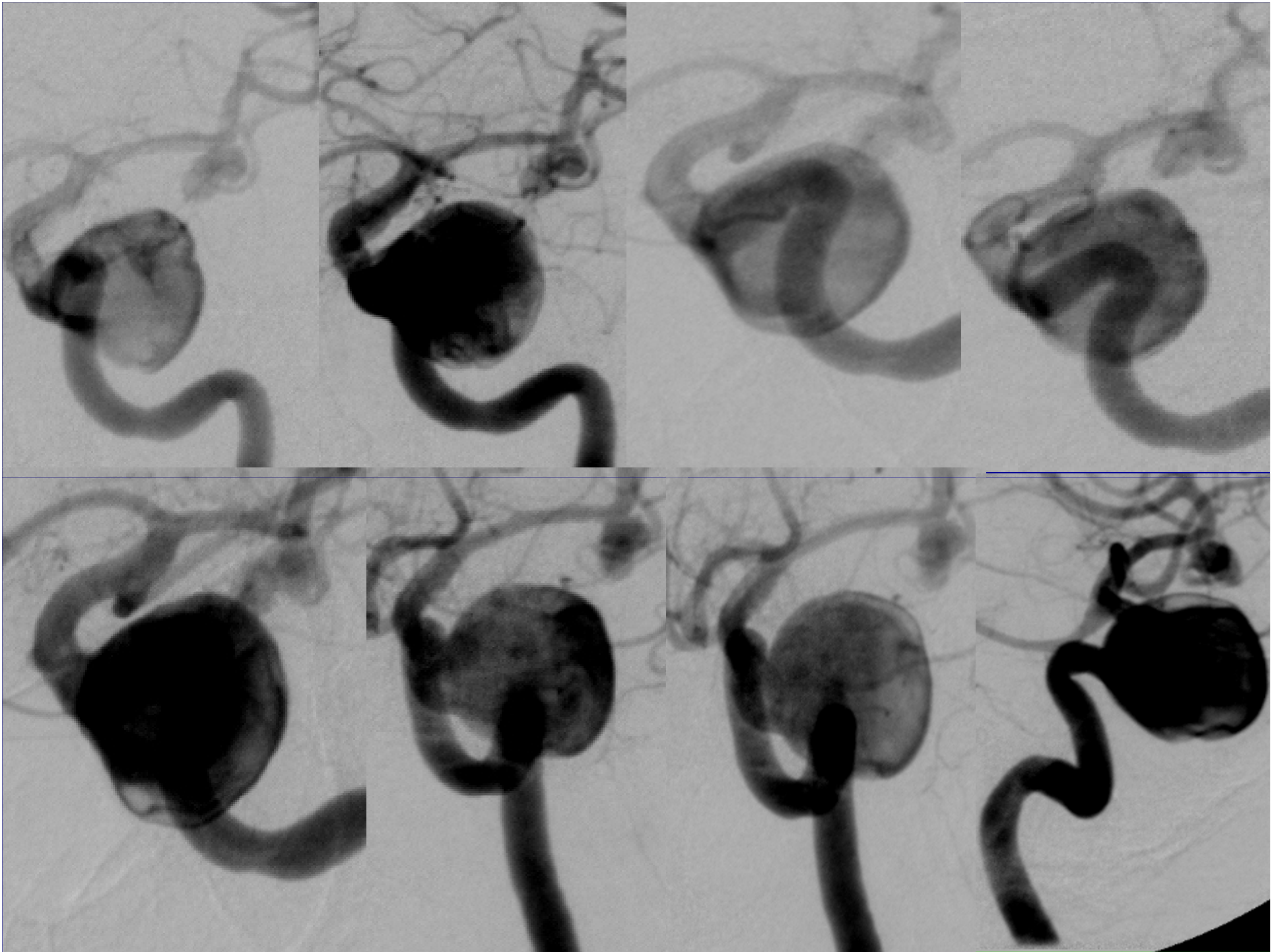
Aneurisma grande (20mm) de la porción cavernosa de la arteria carótida interna izquierda.

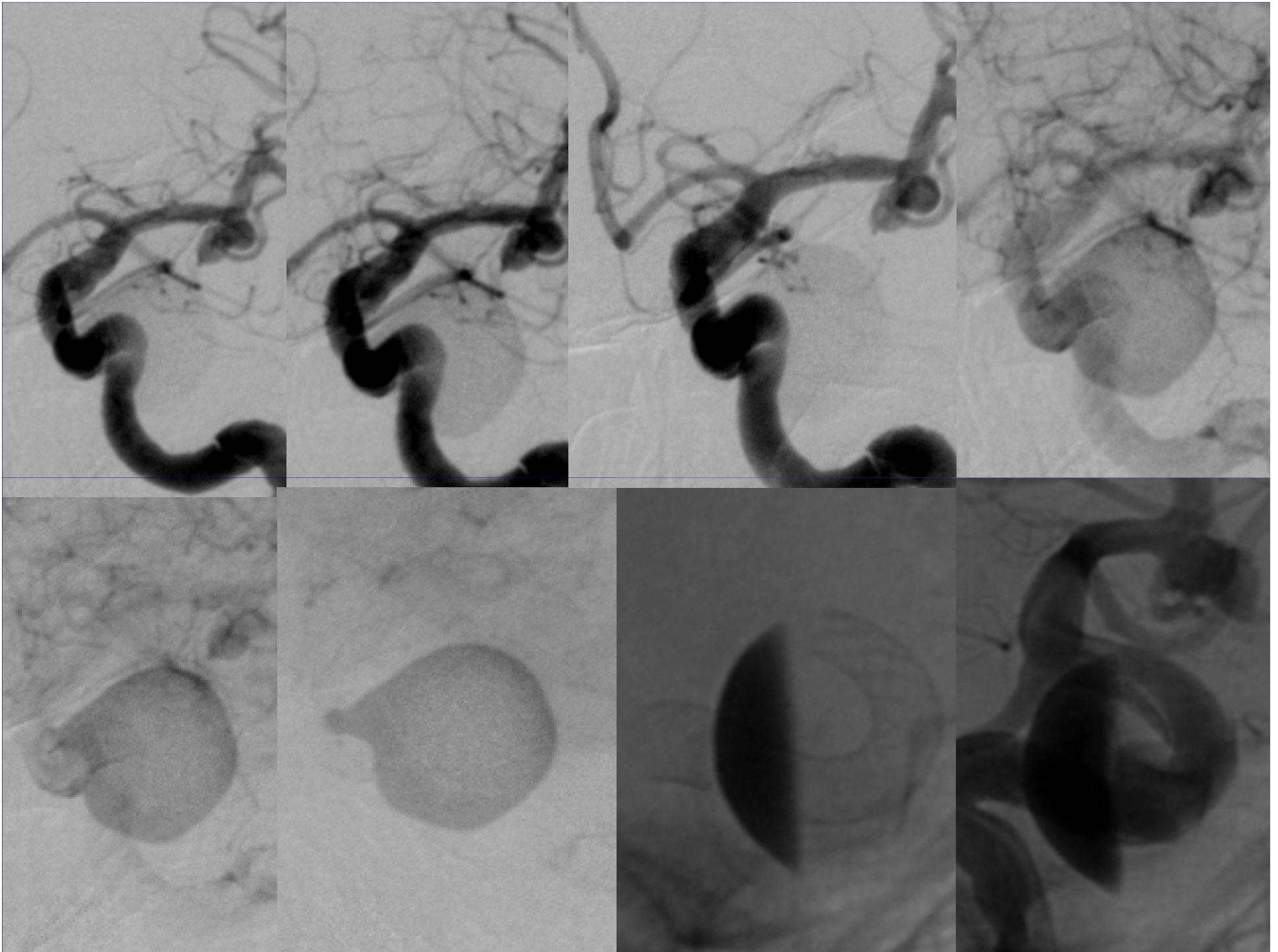
Tratamiento: stenting de la Arteria carótida interna izquierda con stent flow diverter Surpass 4 x 20 mm.

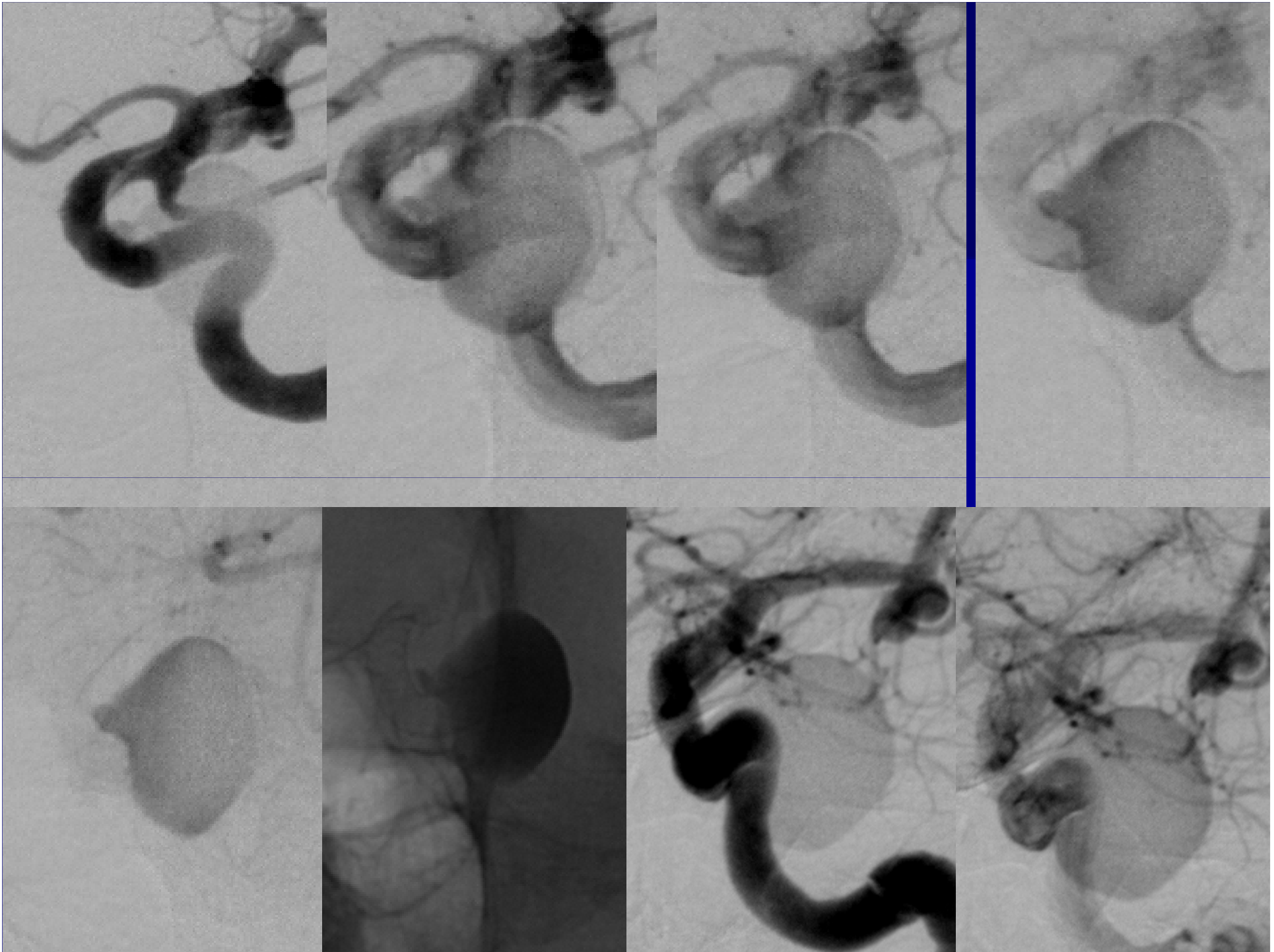
Heparina 5000 u y aspirina (300mg)-clopidogrel (75 mg) durante 7 días previos al procedimiento.

Posterior al procedimiento, doble antiagregación durante 6 meses.









New Generation of Flow Diverter (Surpass) for Unruptured Intracranial Aneurysms: A Prospective Single-Center Study in 37 Patients

Joost De Vries, Jeroen Boogaarts, Anouk Van Norden and Ajay K. Wakhloo

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New Generation of Flow Diverter (Surpass) for Unruptured Intracranial Aneurysms A Prospective Single-Center Study in 37 Patients

Joost De Vries, MD, PhD; Jeroen Boogaarts, MD; Anouk Van Norden, MD, PhD; Ajay K. Wakhloo, MD, PhD

Background and Purpose—In patients harboring intracranial aneurysms, the major goal in treatment is to prevent bleeding. A new generation of an endoluminal device (Surpass Flow Diverter [Surpass]) was developed to reconstruct parent artery and occlude the aneurysm. We present our clinical and angiographic single-center experience.

Methods—Patients with a wide range of complex unruptured aneurysms were treated with the Surpass placed in the parent artery and bridging the aneurysm. Clinical and angiographic follow-up were performed at 6 months. Data were prospectively collected.

Results—Thirty seven patients (mean age, 56 years; range, 32–79), harboring 49 unruptured aneurysms were treated at our center. All except 1 patient were treated with a single device. Successful delivery of the device was achieved in all patients. All 35 nonbifurcation aneurysm necks were covered completely, whereas 14 bifurcation aneurysms were only partially covered. There was no major periprocedural morbidity or mortality. During follow-up, 4 patients (10.4%) experienced transient neurological deficit. One patient (3%) developed a minor stroke at 4-month follow-up with persistent neurological deficit. Twelve patients had neurological symptoms related to their aneurysm and 7 showed improvement of these symptoms during follow-up. At 6-month follow-up, 29 of 31 aneurysms studied that had complete neck coverage showed a complete occlusion (94%) including 1 case with a 95% to 100% occlusion, whereas 5 of the 10 bifurcation aneurysms were occluded.

Conclusions—Our study shows high safety and efficacy profile of a new generation endoluminal device in treatment of complex intracranial aneurysms. Long-term studies of treated bifurcation aneurysms are needed. (*Stroke*. 2013;44:1567-1577.)